

## **Adult Mental Health Residential Treatment Program Development: Intensive Residential Treatment Services (IRTS) and Residential Crisis Stabilization Services (CSS)**

### **How to become a provider**

DHS Mental Health Policy Division staff are available to provide technical assistance throughout the program development process. Please call Ruth Moser at 651-431-4373 or email at [Ruth.moser@state.mn.us](mailto:Ruth.moser@state.mn.us) for technical assistance.

### **Licensure**

Proposed providers of Intensive Residential Treatment (IRTS) and/or residential based Crisis Stabilization services (CSS) must be [licensed by the Department of Human Services Licensing Division](#). For IRTS and Residential Crisis Stabilization Services there is a Variance to Rule 36 for these services. [The License Application Addendum begins here](#). The Licensing Division application process includes additional licensing requirements for residential programs such as: Fire, Building Code, Health Inspections and zoning approvals as well as evidence of a health department license.

The DHS Mental Health Policy Division Staff also work closely with the Licensing Division to review applicant service components, staff qualifications and staffing plans.

### **Provider Enrollment**

Minnesota Health Care Program enrollment is required for MA fee for service reimbursement. [Here is the link for the application information](#). Each site that offers IRTS and/or Crisis Stabilization services has a specific rate requiring a site based enrollment application. This is the [IRTS page](#) in the MHCP provider manual. For Residential Crisis Stabilization Services [link here](#).

### **DHS Policy Division**

Policy Division staff work closely with the regional planning Mental Health Initiative stakeholders to ensure that the program design is informed by locally identified needs.

DHS Mental Health Policy Division is responsible for the Medicaid fee for service rate setting process. [Medical Assistance Rates for Mental Health Services](#).

The Rate Setting for existing and new programs is updated annually in August of each year and [is available here](#).

Note that enrollment as a Minnesota Health Care Provider (includes MA fee for service) an IRTS program must comply with the following:

- Be licensed with the [Rule 36 Variance \(PDF\)](#)

- Not exceed 16 beds (or otherwise result in a Medicaid IMD [Institution for Mental Diseases] exclusion.)
- Have a contract with the host county agency, which approves the IRTS service
- Have a rate approved by DHS

In consideration of this process, it is important that proposed providers work with their local Adult Mental Health Initiative and host county to establish the service design in response to local needs assessment. The needs assessment identifies existing service capacity and unmet service needs, and it defines the target population(s) within the geographic area.

Programs must also ensure that location of the proposed service does not result in an IMD exclusion. IMD exclusion is based on the co-location of other behavioral health services provided in a residential or inpatient program.

## **SAMPLE:**

### **Elements of the Needs Assessment**

The needs assessment identifies existing service capacity and unmet service needs, and it defines the target population(s) within the geographic area. The needs assessment answers the following questions.:

1. What service do you plan to create, expand or modify?
2. Define the geographic service area, including the targeted and surrounding area(s).
3. Identify who you plan to serve, and include any group(s) that will be the focus of the service.
  - a. Consider poverty rate(s), race and ethnicity trends, underserved or disparately served population groups and high need groups with significant barriers to service, such as persons who are homeless or incarcerated.
  - b. Describe how the needs of underserved people will be addressed.
4. Describe the service continuum and how the proposed service fits.
5. Identify potential barriers to accessing the service.
6. Specify the number and the characteristics of individuals who are unserved or underserved. Be sure to include the following:
  - a. The number of people on waiting list(s),
  - b. The number of people diverted to other services,
  - c. The distance needed to travel to receive the proposed service.
7. Estimate the number of individuals that will use this service on a yearly basis. Describe how this number was determined.
8. Describe where referrals are likely to come from.

## **Room and Board Reimbursement**

Group Residential Housing (GRH) Medicaid fee for service payment does not cover room and board. GRH reimbursement requires that the provider work with the county to establish a GRH Agreement so the program can receive GRH funding for eligible individuals.

**New** programs submit (Minnesota Statutes [256B.0622 sub 4\(b\)](#)):

- The program design will address the size of the proposed program, the location of the office, the staffing patterns and qualifications, the specialized skills needed by the staff (for example, bi-cultural staff persons), and any other requirements specific to the proposed service and location. (The program design will respond to the local needs assessment.)

- A program description of both required and optional service components.
- A staffing plan to support proposed direct service budget
- A DHS program License
- A host county contract to provide IRTS and or Residential Crisis Stabilization Services.

### **Other Resources:**

Adult Mental Health – Programs and Services page: [LINK here](#)